

HEALTH CARE AUTHORITY COMMUNITY HEALTH SERVICES

The Mission

The mission of the Health Care Authority's (HCA) Community Health Services (CHS) Program is to promote access to prevention and illness care for underserved and uninsured low-income populations in Washington State.

To accomplish this mission, the CHS Program:

- Provides over six million dollars annually for dental, medical, and migrant grant funding to thirty (30) not-for-profit community health clinics throughout the state.
- Provides technical assistance, consultation, education and training to contracted clinics and potential new clinics.
- Collects, analyzes and distributes health related data supplied by the clinics.
- Fosters support and provides information regarding community clinic dental, medical and migrant services within other state agencies.

The Community Health Clinics

The community health clinics represent a network of community and migrant health centers, public hospital affiliated clinics and local public health jurisdictions that provide an array of services to low-income and/or special populations with a focus on medical and/or dental care.

Some of the special populations targeted to receive clinic services include the following:

- | | |
|------------------------------------------|---------------------------|
| ◆ migrant seasonal farmworkers | ◆ uninsured low-income |
| ◆ other minority populations | ◆ underserved low-income |
| ◆ people with HIV/AIDS infections | ◆ homeless |
| ◆ people with developmental disabilities | ◆ elderly |
| ◆ substance abusers | ◆ refugees |
| ◆ mental health consumers | ◆ geographically isolated |

The following facts provide some background on the 30 community health clinics and/or systems in Washington State funded by the HCA in 1999:

- ◆ A total of 264,695 medical clients and 108,140 dental clients received services at the community health clinics.
- ◆ Eighty-seven percent (87%) of the client population served had incomes below 200% of the federal poverty level (FPL).
- ◆ Forty-three percent (43%) of the client population with incomes below 200% of the FPL had no insurance coverage such as Medicaid, Medicare, or the Basic Health (BH).

- ◆ The largest non-English native language group to receive clinic services is the Hispanic population, which represents thirty-eight percent (38%) of the total served.
- ◆ The community health clinics are located in 26 of the 39 counties in Washington State with over 100 separate delivery sites that serve residents of all counties.
- ◆ The clinics are generally located in geographic areas where there is a shortage of health professionals. These geographic areas include inner cities, industrialized areas and rural regions.

Community health clinics not only function as providers of health care, they coordinate services with other state programs, such as:

- | | |
|-------------------------------------|-------------------------------------------|
| ◆ Basic Health | ◆ Rural Health |
| ◆ WIC Program | ◆ Division of Alcohol and Substance Abuse |
| ◆ First/Second Steps | ◆ Mental Health Division |
| ◆ Maternal and Child Health | ◆ Division of Developmental Disabilities |
| ◆ Medical Assistance Administration | ◆ Commission on Hispanic Affairs |
| ◆ HIV/AIDS | |

Policies of Community Health Clinics

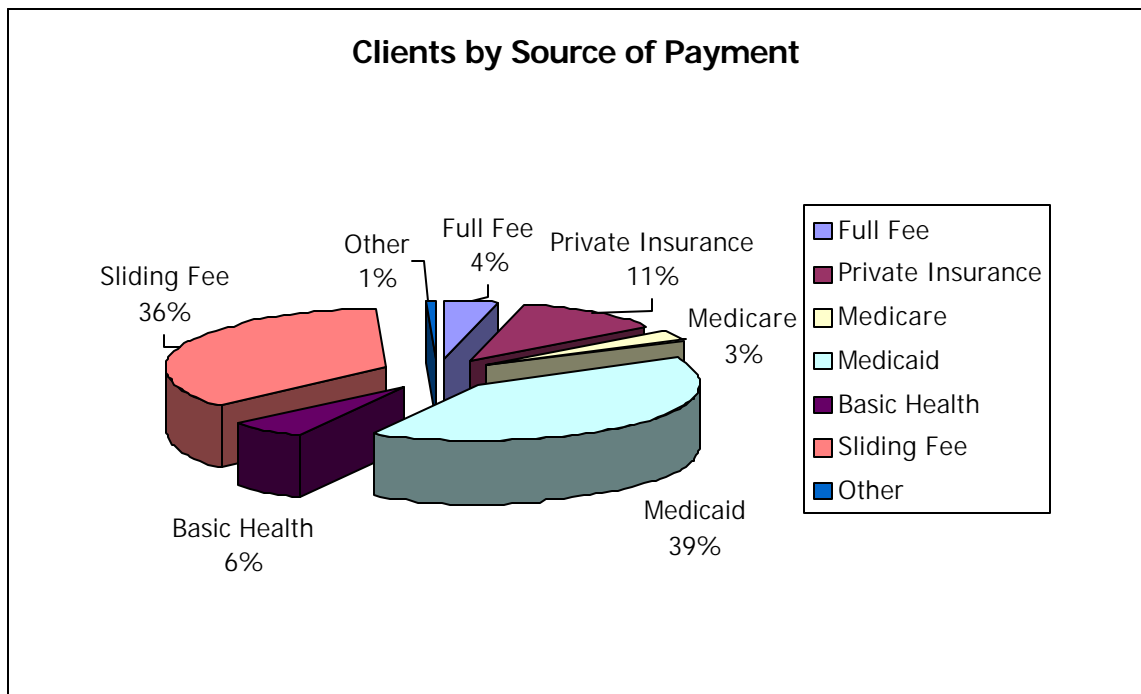
Community health clinics are different from other health care delivery systems. They receive state funding which mandates they:

- ◆ Provide health care regardless of an individual's ability to pay;
- ◆ Have established a sliding fee schedule for the adjustment of charges, based upon an individual's ability to pay;
- ◆ Be governed by a board of directors, which has representatives of the client populations served;
- ◆ Have established policies and procedures reflecting sensitivity to cultural and linguistic differences of individuals served; and
- ◆ When appropriate, maintain bilingual or multilingual staff, which enables them to communicate with the individuals served.

How Clients Pay

The majority of patients who utilize the clinics are either recipients of Medicaid (39%) or qualify for a sliding fee schedule (36%) that adjusts charges for services received. These sliding fee clients must be below 200% of the Federal Poverty Level and have no other insurance coverage such as Medicaid, Medicare, or the Basic Health.

Percent of clients by source of payment is as follows:

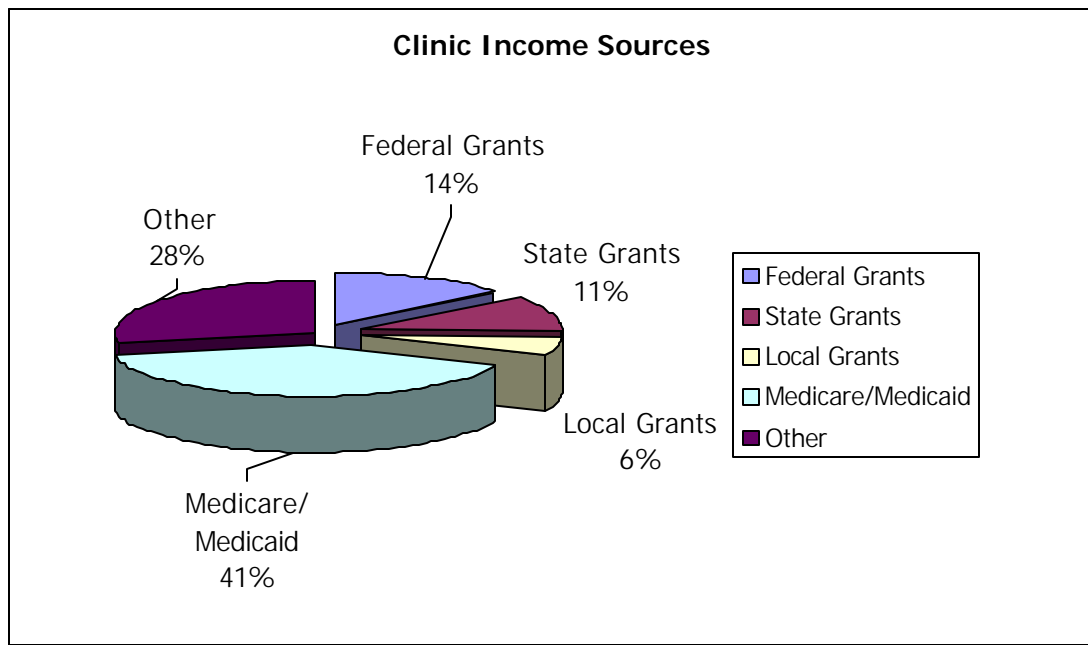


<u>Payment Source</u>	<u>No. Clients</u>
Full Fee	13,995
Private Insurance	39,560
Medicare	12,952
Medicaid	149,124
Basic Health	20,635
Sliding Fee	133,311
Other	3,258
Total	372,835

Funding the Clinics

Community health clinics receive funding from multiple sources. The largest source of income comes from reimbursement for services that is paid by third-party payers such as Medicare, Medicaid and private insurance. The next largest source of income comes from grants received from federal, state and local governmental agencies. These government grants account for 35% of the total funding received by the clinics.

Percent of income by source is as follows:



<u>Funding Source</u>	<u>Dollars</u>	<u>Percent</u>	<u>"Other" Category Includes</u>	<u>Dollars</u>	<u>Percent</u>
Federal Grants	25,873,995	14%	Volunteer and In-Kind	3,316,607	2%
State Grants	19,806,462	11%	Private Insurance	8,314,648	5%
Local Grants	10,445,169	6%	Basic Health	9,566,437	5%
Medicare/Medicaid	71,769,018	41%	Client Fees	10,583,142	6%
Other	50,749,677	28%	Donations	1,883,366	1%
Total	178,644,321	100%	Other Pay Sources*	8,065,906	5%
			Other Grants	9,019,571	5%
			Total	50,749,677	28%

* These sources are categories reported by clinics but not elaborated on.

Grant awards from the HCA are targeted to the number of patients a community clinic has who are at or below 200% of the poverty level and have no other insurance coverage such as the Basic Health or Medicaid.

Scope of Service

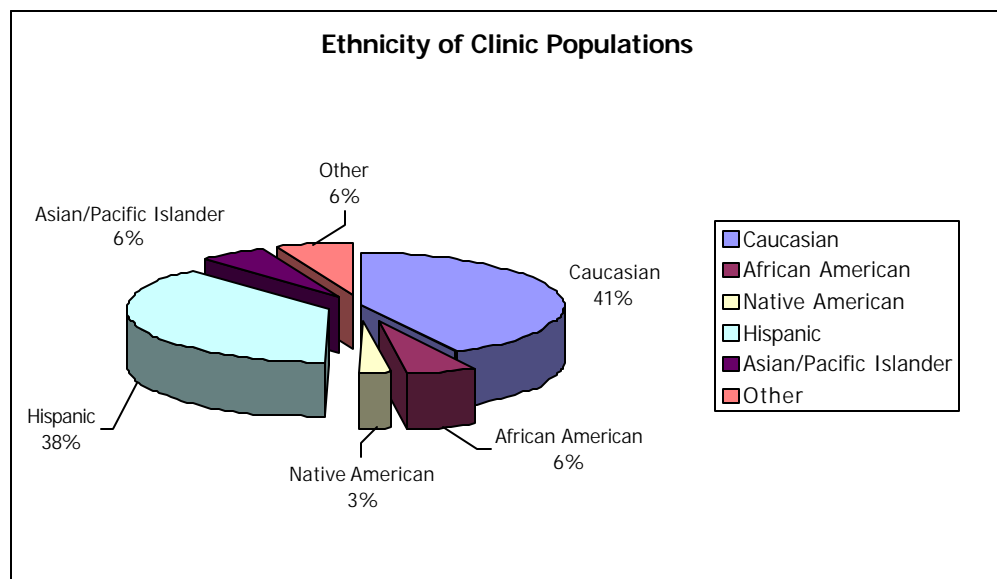
Direct clinical services are provided by one or more of the following health professionals: physicians; physician assistants; advanced registered nurse practitioners; dentists and dental hygienists.

Some of the services provided, or arranged for, include:

- ◆ Periodic Screening: Children, Adolescents, Adults
- ◆ Well Child Care
- ◆ Family Planning
- ◆ Prenatal/Postpartum Care
- ◆ Normal Obstetrical Deliveries
- ◆ High Risk Obstetrical Deliveries
- ◆ Nutrition Assessments and Education
- ◆ Preventive, Restorative and Emergent Dental Care
- ◆ Acute/Episodic Medical Care
- ◆ Management of Chronic Medical Problems
- ◆ Emergency/After Hours Medical Services

The clinics provide, or arrange for, 24 hour coverage.

Client Populations



Issues of Importance (As identified by representatives of community health clinics)

Availability of Health Professionals for Underserved Populations

The availability of health care professionals to the state's underserved populations remains an issue of importance to Washington's Community Health Clinics.

Dental Care

Increased access to preventive and restorative dental care is one of the most critical needs among low-income, uninsured and special populations in Washington State.

Lack of Transportation

For people who are home-bound, have limited access to transit systems, and for people living in rural Washington, the availability of transportation services is critical to gaining access to needed health care services.

Rural Health Care

Addressing the needs of rural health care systems will be necessary for continued access in rural areas.

Services to Homeless People

The problem of homelessness is increasing as affordable housing becomes more and more scarce. Homelessness is not limited to large urban areas such as Spokane, Everett, Tacoma and Seattle, but it is also a problem in rural areas and in smaller cities such as Mt. Vernon, Bellingham and Yakima.

Substance Abuse Prevention and Treatment

Substance abuse is a serious problem. Substance abuse not only affects the health and well-being of the abuser, but also the health and well-being of the abuser's family and friends.

Managed Care and Low-income Populations

Straining the resources of all the community clinics is balancing the financial model of managed care with the needs of special populations.

Translation

Finding funding and personnel to expand translation services is becoming increasingly difficult. During the past five years there has been a tremendous influx of new populations within the state who are both low-income and speak minimal English.

Community Health Services
Contractor List

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Contractor List

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Contractor List

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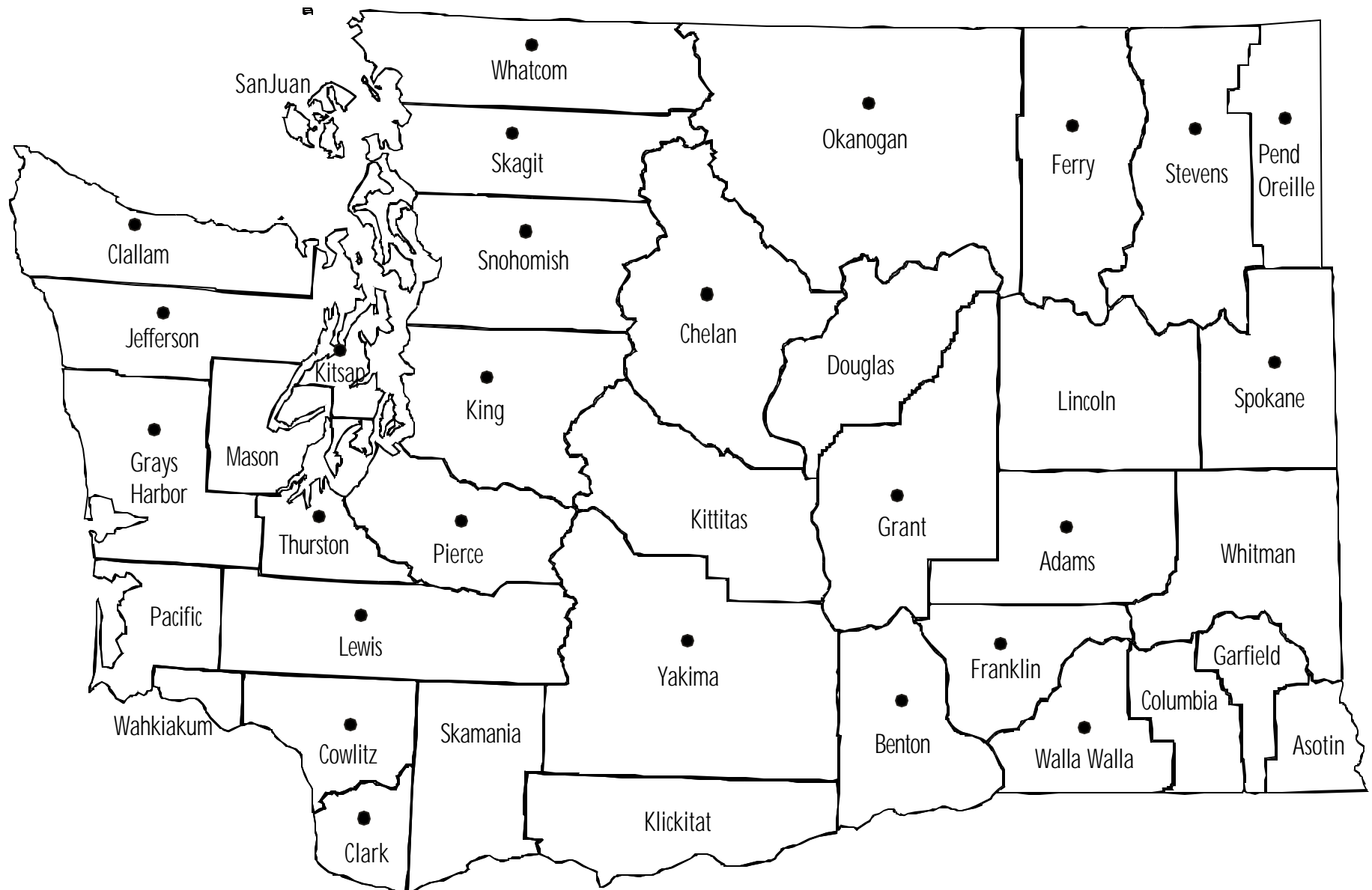
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Community Health Services Contractor Delivery Sites



32 contractors provide: over 100 total delivery sites (●)* for medical and/or dental

*Could represent multiple sites